

| | | | | | | | |
|--|---------------------|--|---------------|---|---------|------------------|--|
| No. C 151986 | | Due no later than Dec 31, 2014 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. SWAYZE CHIROPRACTIC, A PROFESSIONAL CORPORATION CHARLES SWAYZE DC 402 W CANFIELD AVE., STE 3 COEUR D ALENE ID 83815 USA | | CHARLES SWAYZE DC 402 W CANFIELD AVE ST 63 COEUR D'ALENE 83815-7784 | | | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| PRESIDENT | CHARLES P SWAYZE | 402 W CANFIELD AVE., STE. 3 | COEUR D'ALENE | ID | USA | 83815-7784 | |
| SECRETARY | JACQUELINE M SWAYZE | 402 W CANFIELD AVE., STE. 3 | COEUR D'ALENE | ID | USA | 83815 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID C 151986 | | Signature: CHARLES SWAYZE | | | | Date: 10/15/2014 | |
| | | Name (type or print): CHARLES SWAYZE | | | | Title: PRESIDENT | |
| Processed 10/15/2014 | | * Electronically provided signatures are accepted as original signatures. | | | | | |